

## How to Obtain an RCMP Criminal Record Check from Outside Canada

For clients living outside Canada, Forensics Canada Inc. can assist in obtaining your RCMP criminal record check. Please follow these steps carefully to ensure a smooth process:

- 1:** Have your local Police service or accredited fingerprinting agency take your fingerprints on the **C-216C Fingerprint Form OR FD-258 (FD-1164) OR similar.**
- 2.** The police service taking your fingerprints must place their official stamp in the area designated "Fingerprinting Agency/Department" and the official taking your fingerprints should print and sign their name in the area designated "Signature of Official taking fingerprints".
- 3.** Complete the Results Disclosure Consent form including the applicant's name and date of birth. The Results Disclosure Consent form must have the applicant's Right Thumb print in the designated box along with the signature of the applicant and the name and address of the person or organization who is to receive the results.
- 4.** Include a passport size photo with your name, date of the photo and your date of birth written on the back of the photo.
- 5.** Include copies of two pieces of government issued identification items. One piece of ID must have a clearly visible picture of the applicant on it.
- 6.** Payment may be made by Visa or MasterCard. You may phone or complete the Forensics Canada Inc. attached Credit Card Authorization form.
- 7.** Please mail / courier your completed documents to:

**Forensics Canada Inc.  
200 Town Centre Court, Unit 5  
(Main Floor)  
Scarborough, ON M1P 4X8, Canada**

### Receiving your RCMP Criminal Record Check (CRC)

Total Cost of RCMP Criminal Record Check: \$150.00+ applicable taxes

*You have three options for receiving your RCMP Criminal Record Check (CRC):*

1. Receive your results by regular mail directly from the RCMP. - no additional charge
2. Receive your results by registered mail via the Forensics Canada Inc. - \$75.00
3. Receive your results by courier via the Forensics Canada Inc. – Cost TBD. Please contact



200 Town Centre Court #5, Scarborough, ON M1P 4X8, Canada

**Phone:** +14162901919

**Email:** [info@forensicscanada.ca](mailto:info@forensicscanada.ca)

[www.forensicscanada.ca](http://www.forensicscanada.ca)



## CardScan Application

Incomplete or missing information will cause delays in processing of the application

***Please type in or write in block capitals***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Current Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

***Please write the same email address, which you used to communicate with us.***

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex/Gender: \_\_\_\_\_

**Checklist:**

<input type="checkbox"/> Cardscan Application	<input type="checkbox"/> Fingerprint Form	<input type="checkbox"/> Copies of Two ID's
<input type="checkbox"/> Passport Photo	<input type="checkbox"/> Credit Card Payment Form or PayPal Receipt	

Please write below the reason for certified criminal record check (e.g. Visa, Immigration to Canada, Employment etc).

**Please Check-Mark Only One Option**

- I request the RCMP To send the Certified Criminal Record Check directly to me, via Canada Post Regular (non-trackable) mail.
- I request the RCMP to send the Certified Criminal Record Check via Canada Post regular (non-trackable) mail to a third party, at the address written on the attached Third Party Consent Form.
- I request the RCMP to send the Certified Criminal Record Check to Forensics Canada Inc. Forensics Canada Inc. will send it to me via courier. I have paid the courier cost or added it on the payment form

*In the Box below, Please write the name and address for receiving the certified criminal record check.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send Completed document to Forensics Canada Inc.

200 Town Centre Court #5, Scarborough, ON M1P 4X8

## Results Disclosure Consent

Date: \_\_\_\_\_

The Commissioner,  
R.C.M.P. 1200 Vanier  
Parkway Ottawa, Ontario  
K1A 0R2

Attention: Information & Identification Civil Section

Authorization for RCMP to disclose the results of Criminal Record Check

I, (Name) \_\_\_\_\_ Date of Birth \_\_\_\_\_ hereby  
give consent to the Royal Canadian Mounted Police to disclose the results of a search of my  
fingerprints against the national repository of criminal records in Canada to:

Name of Individual /Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

I understand that refusal to consent to disclosure of this information to the above person or  
company will not have any negative consequences on my request.

<p>Signature: _____</p> <p>Date: _____</p> <p><b>Biometric Consent Instructions</b> If fingerprints are being submitted to be processed by our flat impression facility, please opt for the right single finger consent. The right thumb should be used when possible. If not possible due to injury or other reason then choose the left thumb and so on. The last choice for bioconsent impression would be the left little finger. Please use the chart to indicate which thumb or finger has been used</p>	<p>Applicant's Fingerprint "Flat Impression"</p>	<table border="1"><thead><tr><th colspan="2"><b>Right</b></th></tr></thead><tbody><tr><td>Thumb</td><td></td></tr><tr><td>Index</td><td></td></tr><tr><td>Middle</td><td></td></tr><tr><td>Ring</td><td></td></tr><tr><td>Little</td><td></td></tr><tr><th colspan="2"><b>Left</b></th></tr><tr><td>Thumb</td><td></td></tr><tr><td>Index</td><td></td></tr><tr><td>Middle</td><td></td></tr><tr><td>Ring</td><td></td></tr><tr><td>Little</td><td></td></tr></tbody></table>	<b>Right</b>		Thumb		Index		Middle		Ring		Little		<b>Left</b>		Thumb		Index		Middle		Ring		Little	
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## Credit Card Authorization Form

### CARDHOLDER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Address (if different from above)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

### PAYMENT INFORMATION

Purpose of Payment:  Background Check  DNA Testing  Fingerprinting  Other

I authorize Forensics Canada Inc. to charge my credit card for the amount \$ \_\_\_\_\_

### CREDIT CARD INFORMATION

Credit Card Type:  MasterCard  Visa

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Security Code: \_\_\_\_\_



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